

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

JAMES MCAULEY

Write the full name of each plaintiff.

No. _____

(To be filled out by Clerk's Office)

-against-

CITY OF NEW YORK, NEW
YORK CITY POLICE DEPARTMENT,
et al.

COMPLAINT

(Prisoner)

Do you want a jury trial?

☐ Yes ☒ No

Write the full name of each defendant. If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section IV.

NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

I. LEGAL BASIS FOR CLAIM

State below the federal legal basis for your claim, if known. This form is designed primarily for prisoners challenging the constitutionality of their conditions of confinement; those claims are often brought under 42 U.S.C. § 1983 (against state, county, or municipal defendants) or in a "Bivens" action (against federal defendants).

☒ Violation of my federal constitutional rights

☐ Other:

MALICIOUS PROSECUTION

II. PLAINTIFF INFORMATION

Each plaintiff must provide the following information. Attach additional pages if necessary.

JAMES

First Name

MCAULEY

Middle Initial

Last Name

State any other names (or different forms of your name) you have ever used, including any name you have used in previously filing a lawsuit.

241-21-01138, (NYSID # 02623979R)

Prisoner ID # (if you have previously been in another agency's custody, please specify each agency and the ID number (such as your DIN or NYSID) under which you were held)

AMKC / RIKERS ISLAND

Current Place of Detention

18-18 HAZEN STREET

Institutional Address

E. ELMHURST (QUEENS)

County, City

NEW YORK

State

11370

Zip Code

III. PRISONER STATUS

Indicate below whether you are a prisoner or other confined person:

☒ Pretrial detainee

☐ Civilly committed detainee

☐ Immigration detainee

☒ Convicted and sentenced prisoner

☐ Other:

IV. DEFENDANT INFORMATION

To the best of your ability, provide the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are identical to those listed in the caption. Attach additional pages as necessary.

Defendant 1:

CITY OF NEW YORK
 First Name Last Name Shield #

Current Job Title (or other identifying information)

Current Work Address

Defendant 2:

NEW YORK CITY POLICE DEPARTMENT
 County, City State Zip Code
 First Name Last Name Shield #

Current Job Title (or other identifying information)

Current Work Address

Defendant 3:

et al.,
 County, City State Zip Code
 First Name Last Name Shield #

Current Job Title (or other identifying information)

Current Work Address

Defendant 4:

County, City State Zip Code
 First Name Last Name Shield #

Current Job Title (or other identifying information)

Current Work Address

County, City State Zip Code

V. STATEMENT OF CLAIM

Place(s) of occurrence: NYCPD MIDTOWN SOUTH (GRAND CENTRAL ST.)

Date(s) of occurrence: MAY 24, 2019 2:00 PM

FACTS:

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and how each defendant was personally involved in the alleged wrongful actions. Attach additional pages as necessary.

I WAS SHOPPING IN GRAND CENTRAL STATION RITE-AID AND AS I WAS LEAVING THE MANAGER SAID THAT I STOLE SOMETHING AND HELD ME FOR THE POLICE (MTA) AND THEN THE MTA POLICE SAID I WAS UNDER ARREST FOR (2) TWO 1ST DEGREE ROBBERIES AT THAT LOCATION. I WAS THEN TRANSPORTED TO MIDTOWN SOUTH PRECINCT AND FROM THERE TO CRIMINAL COURT WHERE I WAS ARRAIGNED AND RELEASED ON MY OWN RECOGNIZANCE. I WAS THEN VIOLATED BY BRONX PAROLE BUREAU IV (FOUR) BECAUSE OF THE ROBBERY COMPLAINTS. I SAT INCARCERATED UNTIL 12/3/19 WHEN I WAS INFORMED BY MY THEN ATTORNEY THAT THE GRAND JURY FAILED TO INDICT AND THE CHARGES WAS DISMISSED FORTHWITH. EVENTUALLY PAROLE REVOKED AND RESTORED ME TO SUPERVISION ON 12/19/19. I FILED A NOTICE OF CLAIM WITH THE NYC COMPTROLLER'S OFFICE

AND NEVER RECEIVED A CLAIM NUMBER
I GUESS DUE TO ADDRESS CHANGE OR
CORONA VIRUS SHUT DOWN. I'M NOW
SEEKING RELIEF UNDER THE CPLR § 214
3 YR LIMITATION FOR MALICIOUS PROSECUTION
PURSUANT TO CPLR § 214(5) PERSONAL INJURY

INJURIES:

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

MENTAL ANGUISH, DURESS, LOSS OF
EMPLOYMENT, STRESS, PAIN (EMOTIONAL)
AND SUFFERING.

VI. RELIEF

State briefly what money damages or other relief you want the court to order.

I'M SEEKING MONEY DAMAGES IN THE
AMOUNT OF 1,000,000.⁰⁰/₁₀₀ ONE-MILLION
DOLLARS.

VII. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I understand that if I file three or more cases while I am a prisoner that are dismissed as frivolous, malicious, or for failure to state a claim, I may be denied *in forma pauperis* status in future cases.

I also understand that prisoners must exhaust administrative procedures before filing an action in federal court about prison conditions, 42 U.S.C. § 1997e(a), and that my case may be dismissed if I have not exhausted administrative remedies as required.

I agree to provide the Clerk's Office with any changes to my address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

August 4, 2021
Dated

James McAuley
Plaintiff's Signature

JAMES
First Name

Middle Initial

McAuley
Last Name

AMKC/RIKERS ISLAND/C-95/2MAIN
Prison Address

18-18 E. ELMHURST, NT
County, City

11370
State Zip Code

Date on which I am delivering this complaint to prison authorities for mailing:

August 29, 2021

AUGUST 29, 2024

TO WHOM IT MAY CONCERN:

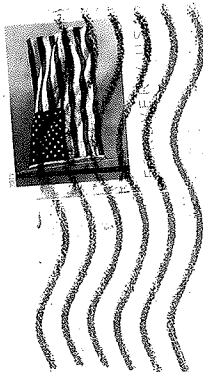
I AM A LAYMAN WHEN IT COMES TO
LAW SO PLEASE FORGIVE ME AND CORRECT
ANY PROCEDURAL ERRORS AND MISTAKES
IN THIS PROCEEDING AS I AM WITHOUT
AN ATTORNEY AT THIS TIME AND WILL
BE PROCEEDING PRO-SE UNTIL
COUNSEL ADOPTS THIS 1983 MOTION.

THANK YOU

SINCERELY

Jan McAuley
PRO-SE

JAMES McAULEY # 241-21-01139
AMKC/C-95 / R. KERS ISLAND / ZOMAN
18-18 HAZEN STREET
E. ELMHURST, NY 11370



NEW YORK NY 100

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DANIEL PATRICK MOYNIHAN U.S. SENATE HOUSE
500 PEARL STREET
NEW YORK, NEW YORK
10007

US
NY
10007

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NEW YORK OFFICE

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* REGAL MAIL *

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